**Camp Hours are Monday – Friday, 9 a.m. – 12 p.m.**

**\*Extended Day will not be offered\***

* 4 year old and older, classes are 5-days **ONLY**.
* Our 2 and 3 year old classes have the option of Mondays, Wednesdays and Fridays

**OR** Monday – Friday, but there are only a limited number of 3 day spots per class.

* Our 1 year old class has the option of Mondays, Wednesdays and Fridays **OR** Tuesday / Thursday.
* All payments for Summer Camp are due before Monday, May 7th. \*\*\* Failure to pay by May 7th will result in the forfeiture of spot. Additional weeks may be added at a later date **ONLY** if there is available room in your child’s age level.
* Cost for Summer Camp is as follows: (Cash, Check or Money Order)
* $35 Registration Fee per child due in full at time of registration
* $115 / week: 5-Day Program (available to 2’s, 3’s, 4’s, 5’s and 6’s **ONLY**)
* $85 / week: 3-Day Program (MWF – 1’s, 2’s and 3’s option **ONLY**)
* $60 / week: 2-Day Program (T/TH – 1’s option **ONLY**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill out form completely and bring it to John Calvin Playschool to register your child in our summer camp program. NEW students must submit a copy of their birth certificate and current immunizations and the Master Card to the Playschool Office at the time of registration.**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class/Grade Entering Fall 2018: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child enrolled at John Calvin for the 18-19 School Year?

Yes or No

If NOT enrolled at JCPS, what school will your child be attending in the Fall? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which week(s) you are choosing for your child:

Week 1: June 11th-15th /Pymt:\_\_\_\_\_\_\_\_\_\_\_ Week 2: June 18th-22nd /Pymt:\_\_\_\_\_\_\_\_\_\_

Week 3: July 9th- 13th /Pymt:\_\_\_\_\_\_\_\_\_\_\_ Week 4: July 16th- 20th /Pymt:\_\_\_\_\_\_\_\_\_\_

Choose the age group that your child will be **entering into for the 18-19 school year:** Kinder/TK Pre-K 4 3 Year-old 2 Year-old 1 Year-old

Kinder/TK or older

or older

Summer Camp Class Preference: 5 day \_\_\_ 3 day\_\_\_\_ 5 day \_\_\_\_ 3 day\_\_\_\_\_ MWF \_\_\_\_\_ TTH \_\_\_\_\_

\*\*\*If 3 day program is full, would you like a 5 day spot? Yes \_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts: (Will be called after parents)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read before signing:** I authorize John Calvin Summer Camp to care for my child during the time he/she is in the facility and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached. JCPS has permission to contact the person(s) listed above for emergency purposes and/or my child has permission to be picked up by the above listed person(s). I have reviewed a description of the summer camp program and completed the form accurately and to the best of my knowledge. I understand that **ALL** fees paid to John Calvin Summer Camp are **NON-REFUNDABLE AND NON-TRANSFERABLE**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Date

**Please use the space below to describe any special needs or allergies:**